

The list below is an example of DME covered on an individual, case-managed basis in the past for CHP members without a DME benefit. It may include items that are not appropriate for all members and may not include items that would be covered. An exceptions to benefit must not be a request for services or items excluded under state statute or contract, must be of a type which falls within accepted standards and precepts of good medical practice, and must represent cost-effective utilization of program funds as determined by CHP.

HCPC	Long Description
A4206	SYRINGE WITH NEEDLE, STERILE, 1 CC OR LESS, EACH
A4207	SYRINGE WITH NEEDLE, STERILE 2CC, EACH
A4208	SYRINGE WITH NEEDLE, STERILE 3CC, EACH
A4209	SYRINGE WITH NEEDLE, STERILE 5CC OR GREATER, EACH
A4210	NEEDLE-FREE INJECTION DEVICE, EACH
A4215	NEEDLE, STERILE, ANY SIZE, EACH
A4220	REFILL KIT FOR IMPLANTABLE INFUSION PUMP
A4221	SUPPLIES FOR MAINTENANCE OF DRUG INFUSION CATHETER, PER WEEK (LIST DRUG
A4222	INFUSION SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER CASSETTE OR BAG (LIST
A4233	REPLACEMENT BATTERY, ALKALINE (OTHER THAN J CELL), FOR USE WITH MEDICALLY
A4234	REPLACEMENT BATTERY, ALKALINE, J CELL, FOR USE WITH MEDICALLY NECESSARY HOME
A4235	REPLACEMENT BATTERY, LITHIUM, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD
A4236	REPLACEMENT BATTERY, SILVER OXIDE, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD
A4244	ALCOHOL OR PEROXIDE, PER PINT
A4245	ALCOHOL WIPES, PER BOX
A4246	BETADINE OR PHISOHEX SOLUTION, PER PINT
A4247	BETADINE OR IODINE SWABS/WIPES, PER BOX
A4253	BLOOD GLUCOSE TEST OR REAGENT STRIPS FOR HOME BLOOD GLUCOSE MONITOR
A4256	NORMAL, LOW AND HIGH CALIBRATOR SOLUTION / CHIPS
A4258	SPRING-POWERED DEVICE FOR LANCET, EACH
A4259	LANCETS, PER BOX OF 100
A4300	IMPLANTABLE ACCESS CATHETER, (E.G., VENOUS, ARTERIAL, EPIDURAL SUBARACHNOID
A4301	IMPLANTABLE ACCESS TOTAL CATHETER, PORT/RESERVOIR (E.G., VENOUS, ARTERIAL,
A4305	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF 50 ML OR GREATER PER HOUR
A4306	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF LESS THAN 50 ML PER HOUR
A4310	INSERTION TRAY WITHOUT DRAINAGE BAG AND WITHOUT CATHETER (ACCESSORIES ONLY)
A4311	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE,
A4312	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE,
A4313	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE,
A4314	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY
A4315	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY,
A4316	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE,
A4320	IRRIGATION TRAY WITH BULB OR PISTON SYRINGE, ANY PURPOSE
A4322	IRRIGATION SYRINGE, BULB OR PISTON, EACH
A4326	MALE EXTERNAL CATHETER WITH INTEGRAL COLLECTION CHAMBER
A4327	FEMALE EXTERNAL URINARY COLLECTION DEVICE: MEATAL CUP, EACH
A4328	FEMALE EXTERNAL URINARY COLLECTION DEVICE: POUCH, EACH
A4330	PERIANAL FECAL COLLECTION POUCH WITH ADHESIVE, EACH
A4331	EXTENSION DRAINAGE TUBING, ANY TYPE, ANY LENGTH, WITH CONNECTOR/ADAPTOR
A4332	LUBRICANT, INDIVIDUAL STERILE PACKET, EACH
A4333	URINARY CATHETER ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT, EACH
A4334	URINARY CATHETER ANCHORING DEVICE, LEG STRAP, EACH
A4335	INCONTINENCE SUPPLY; MISCELLANEOUS
A4338	INDWELLING CATHETER: FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE,
A4340	INDWELLING CATHETER: SPECIALTY TYPE, EG: COUDE, MUSHROOM, WING, ETC.), EACH
A4344	INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE, EACH
A4346	INDWELLING CATHETER: FOLEY TYPE, THREE WAY FOR CONTINUOUS IRRIGATION, EACH
A4349	MALE EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE, EACH
A4351	INTERMITTENT URINARY CATHETER: STRAIGHT TIP
A4352	INTERMITTENT URINARY CATHETER: COUDE (CURVED) TIP

The list below is an example of DME covered on an individual, case-managed basis in the past for CHP members without a DME benefit. It may include items that are not appropriate for all members and may not include items that would be covered. An exceptions to benefit must not be a request for services or items excluded under state statute or contract, must be of a type which falls within accepted standards and precepts of good medical practice, and must represent cost-effective utilization of program funds as determined by CHP.

A4353	INTERMITTENT URINARY CATHETER, WITH INSERTION SUPPLIES
A4354	INSERTION TRAY WITH DRAINAGE BAG BUT WITHOUT CATHETER
A4355	IRRIGATION TUBING SET FOR CONTINUOUS BLADDER IRRIGATION THROUGH A THREE-WAY
A4356	EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE (NOT TO BE USED FOR CATHETER
A4357	BEDSIDE DRAINAGE BAG, DAY OR NIGHT, WITH OR WITHOUT ANTI-REFLUX DEVICE
A4358	URINARY DRAINAGE BAG, LEG OR ABDOMEN, VINYL, WITH STRAPS,
A4365	ADHESIVE REMOVER WIPES, ANY TYPE, PER 50
A4402	LUBRICANT, PER OUNCE
A4450	TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES
A4452	TAPE, WATERPROOF, PER 18 SQUARE INCHES
A4455	ADHESIVE REMOVER OR SOLVENT (FOR TAPE, CEMENT OR OTHER ADHESIVE), PER OUNCE
A4461	SURGICAL DRESSING HOLDER, NON-REUSABLE, EACH
A4463	SURGICAL DRESSING HOLDER, REUSABLE, EACH
A4465	NON-ELASTIC BINDER FOR EXTREMITY
A4550	SURGICAL TRAYS
A4558	CONDUCTIVE GEL OR PASTE, FOR USE WITH ELECTRICAL DEVICE (E.G., TENS, NMES), PER
A4565	SLINGS
A4570	SPLINT
A4605	TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, EACH
A4615	CANNULA, NASAL
A4616	TUBING (OXYGEN), PER FOOT
A4619	FACE TENT
A4620	VARIABLE CONCENTRATION MASK
A4623	TRACHEOSTOMY, INNER CANNULA
A4624	TRACHEAL SUCTION CATHETER, ANY TYPE OTHER THAN CLOSED SYSTEM, EACH
A4625	TRACHEOSTOMY CARE KIT FOR NEW TRACHEOSTOMY
A4628	OROPHARYNGEAL SUCTION CATHETER, EACH
A4629	TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACHEOSTOMY
A4649	SURGICAL SUPPLY: MISCELLANEOUS
A4657	SYRINGE, WITH OR WITHOUT NEEDLE, EACH
A4927	GLOVES, NON-STERILE, PER 100
A4930	GLOVES, STERILE, PER PAIR
A5102	BEDSIDE DRAINAGE BOTTLE WITH OR WITHOUT TUBING, RIGID OR EXPANDABLE, EACH
A5105	URINARY SUSPENSORY WITH LEG BAG, WITH OR WITHOUT TUBE, EACH
A5112	URINARY LEG BAG; LATEX
A5113	LEG STRAP; LATEX, REPLACEMENT ONLY, PER SET
A5114	LEG STRAP; FOAM OR FABRIC, REPLACEMENT ONLY, PER SET
A5120	SKIN BARRIER, WIPES OR SWABS, EACH
A5121	SKIN BARRIER; SOLID, 6 X 6 OR EQUIVALENT, EACH
A5122	SKIN BARRIER; SOLID, 8 X 8 OR EQUIVALENT, EACH
A5126	ADHESIVE OR NON-ADHESIVE; DISK OR FOAM PAD
A6010	COLLAGEN BASED WOUND FILLER, DRY FORM, PER GRAM OF COLLAGEN
A6011	COLLAGEN BASED WOUND FILLER, GEL/PASTE, PER GRAM OF COLLAGEN
A6021	COLLAGEN DRESSING, PAD SIZE 16 SQ. IN. OR LESS, EACH
A6022	COLLAGEN DRESSING, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48
A6023	COLLAGEN DRESSING, PAD SIZE MORE THAN 48 SQ. IN., EACH
A6024	COLLAGEN DRESSING WOUND FILLER, PER 6 INCHES
A6025	GEL SHEET FOR DERMAL OR EPIDERMAL APPLICATION, (E.G., SILICONE, HYDROGEL,
A6154	WOUND POUCH, EACH
A6196	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR
A6197	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, PAD SIZE MORE THAN 16
A6198	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, PAD SIZE MORE THAN 48

The list below is an example of DME covered on an individual, case-managed basis in the past for CHP members without a DME benefit. It may include items that are not appropriate for all members and may not include items that would be covered. An exceptions to benefit must not be a request for services or items excluded under state statute or contract, must be of a type which falls within accepted standards and precepts of good medical practice, and must represent cost-effective utilization of program funds as determined by CHP.

A6199	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND FILLER, PER 6 INCHES
A6200	COMPOSITE DRESSING, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH
A6201	COMPOSITE DRESSING, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48
A6202	COMPOSITE DRESSING, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER,
A6203	COMPOSITE DRESSING, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER,
A6204	COMPOSITE DRESSING, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48
A6205	COMPOSITE DRESSING, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE
A6206	CONTACT LAYER, 16 SQ. IN. OR LESS, EACH DRESSING
A6207	CONTACT LAYER, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH
A6208	CONTACT LAYER, MORE THAN 48 SQ. IN., EACH DRESSING
A6209	FOAM DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE
A6210	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR
A6211	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE
A6212	FOAM DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE
A6213	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR
A6214	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE
A6215	FOAM DRESSING, WOUND FILLER, PER GRAM
A6216	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT
A6217	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS
A6218	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT
A6219	GAUZE, NON-IMPREGNATED, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE
A6220	GAUZE, NON-IMPREGNATED, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO
A6221	GAUZE, NON-IMPREGNATED, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE
A6222	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, PAD SIZE
A6223	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, PAD SIZE
A6224	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, PAD SIZE
A6228	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, PAD SIZE 16 SQ. IN. OR LESS,
A6229	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, PAD SIZE MORE THAT 16 SQ. IN. BUT
A6230	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, PAD SIZE MORE THAN 48 SQ. IN.,
A6231	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, PAD SIZE 16 SQ. IN. OR
A6232	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, PAD SIZE GREATER THAN
A6233	GAUZE, IMPREGNATED, HYDROGEL FOR DIRECT WOUND CONTACT, PAD SIZE MORE THAN 48
A6234	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT
A6235	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN
A6236	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT
A6237	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE
A6238	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN
A6239	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY
A6240	HYDROCOLLOID DRESSING, WOUND FILLER, PASTE, PER FLUID OUNCE
A6241	HYDROCOLLOID DRESSING, WOUND FILLER, DRY FORM, PER GRAM
A6242	HYDROGEL DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE
A6243	HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR
A6244	HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE
A6245	HYDROGEL DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE
A6246	HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR
A6247	HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE
A6248	HYDROGEL DRESSING, WOUND FILLER, GEL, PER FLUID OUNCE
A6251	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS,
A6252	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT
A6253	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN.,
A6254	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH
A6255	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT

The list below is an example of DME covered on an individual, case-managed basis in the past for CHP members without a DME benefit. It may include items that are not appropriate for all members and may not include items that would be covered. An exceptions to benefit must not be a request for services or items excluded under state statute or contract, must be of a type which falls within accepted standards and precepts of good medical practice, and must represent cost-effective utilization of program funds as determined by CHP.

A6256	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH
A6257	TRANSPARENT FILM, 16 SQ. IN. OR LESS, EACH DRESSING
A6258	TRANSPARENT FILM, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN.,
A6259	TRANSPARENT FILM, MORE THAN 48 SQ. IN., EACH DRESSING
A6260	WOUND CLEANSERS, ANY TYPE, ANY SIZE
A6261	WOUND FILLER, GEL/PASTE, PER FLUID OUNCE, NOT ELSEWHERE CLASSIFIED
A6262	WOUND FILLER, DRY FORM, PER GRAM, NOT ELSEWHERE CLASSIFIED
A6266	GAUZE, IMPREGNATED, OTHER THAN WATER, NORMAL SALINE, OR ZINC PASTE, ANY WIDTH,
A6402	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE
A6403	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 16 SQ. IN. LESS THAN OR
A6404	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT
A6407	PACKING STRIPS, NON-IMPREGNATED, UP TO 2 INCHES IN WIDTH, PER LINEAR YARD
A6410	EYE PAD, STERILE, EACH
A6411	EYE PAD, NON-STERILE, EACH
A6441	PADDING BANDAGE, NON-ELASTIC, NON-WOVEN/NON-KNITTED, WIDTH GREATER THAN OR
A6442	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH LESS THAN
A6443	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN
A6444	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN
A6445	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH LESS THAN THREE
A6446	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR
A6447	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR
A6448	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH LESS THAN THREE
A6449	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL
A6450	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL
A6451	MODERATE COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE OF 1.25
A6452	HIGH COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE GREATER THAN
A6453	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH LESS THAN THREE
A6454	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH GREATER THAN OR
A6455	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH GREATER THAN OR
A6456	ZINC PASTE IMPREGNATED BANDAGE, NON-ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN
A6457	TUBULAR DRESSING WITH OR WITHOUT ELASTIC, ANY WIDTH, PER LINEAR YARD
A6543	GRADIENT COMPRESSION STOCKING, LYMPHEDEMA
A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES
A7003	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER,
A7004	SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE
A7005	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER,
A7006	ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER
A7007	LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR
A7010	CORRUGATED TUBING, DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 100 FEET
A7011	CORRUGATED TUBING, NON-DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 10 FEET
A7012	WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER
A7013	FILTER, DISPOSABLE, USED WITH AEROSOL COMPRESSOR
A7014	FILTER, NONDISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR
A7015	AEROSOL MASK, USED WITH DME NEBULIZER
A7018	WATER, DISTILLED, USED WITH LARGE VOLUME NEBULIZER, 1000 ML
A7520	TRACHEOSTOMY/LARYNGECTOMY TUBE, NON-CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE
A7521	TRACHEOSTOMY/LARYNGECTOMY TUBE, CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR
A7522	TRACHEOSTOMY/LARYNGECTOMY TUBE, STAINLESS STEEL OR EQUAL (STERILIZABLE AND
A7525	TRACHEOSTOMY MASK, EACH
A7526	TRACHEOSTOMY TUBE COLLAR/HOLDER, EACH
A9180	PEDICULOSIS (LICE INFESTATION) TREATMENT, TOPICAL, FOR ADMINISTRATION BY
E0202	PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER

The list below is an example of DME covered on an individual, case-managed basis in the past for CHP members without a DME benefit. It may include items that are not appropriate for all members and may not include items that would be covered. An exceptions to benefit must not be a request for services or items excluded under state statute or contract, must be of a type which falls within accepted standards and precepts of good medical practice, and must represent cost-effective utilization of program funds as determined by CHP.

E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER,
E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR,
E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY
E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS,
E0441	OXYGEN CONTENTS, GASEOUS (FOR USE WITH OWNED GASEOUS STATIONARY SYSTEMS OR
E0442	OXYGEN CONTENTS, LIQUID (FOR USE WITH OWNED LIQUID STATIONARY SYSTEMS OR WHEN
E0443	PORTABLE OXYGEN CONTENTS, GASEOUS (FOR USE ONLY WITH PORTABLE GASEOUS SYSTEMS
E0444	PORTABLE OXYGEN CONTENTS, LIQUID (FOR USE ONLY WITH PORTABLE LIQUID SYSTEMS
E0570	NEBULIZER, WITH COMPRESSOR
E0776	IV POLE
E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR
E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL
E1399	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS
E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE
K0738	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; HOME COMPRESSOR USED TO FILL PORTABLE
L8000	BREAST PROSTHESIS, MASTECTOMY BRA
L8001	BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS FORM,
L8002	BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS FORM,
L8010	BREAST PROSTHESIS, MASTECTOMY SLEEVE
L8015	EXTERNAL BREAST PROSTHESIS GARMENT, WITH MASTECTOMY FORM, POST MASTECTOMY
L8020	BREAST PROSTHESIS, MASTECTOMY FORM
L8030	BREAST PROSTHESIS, SILICONE OR EQUAL
L8039	BREAST PROSTHESIS, NOT OTHERWISE SPECIFIED
S8185	FLUTTER DEVICE
S8431	COMPRESSION BANDAGE, ROLL
A4641	RADIOPHARMACEUTICAL, DIAGNOSTIC, NOT OTHERWISE CLASSIFIED
A4642	INDIUM IN-111 SATUMOMAB PENDETIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 6
A4648	TISSUE MARKER, IMPLANTABLE, ANY TYPE, EACH
A4650	IMPLANTABLE RADIATION DOSIMETER, EACH
A4750	BLOOD TUBING, ARTERIAL OR VENOUS, FOR HEMODIALYSIS, EACH
A4913	MISCELLANEOUS DIALYSIS SUPPLIES, NOT OTHERWISE SPECIFIED